

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	3m	927	06/13/02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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12	✓	✓	✓
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14	✓	✓	✓
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28			
29			
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31	✓	✓	✓
32			
33	✓	✓	
34	✓	✓	
35			
36	✓	✓	
37	✓	✓	
38			
39	✓	✓	
40			
41	✓	✓	
42	✓	✓	
43			
44	✓	✓	✓
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50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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